

# East Baton Rouge Parish Head Start/ Early Head Start 2020 – 2021 Application

Enrollment in the Head Start/Early Head Start Program is done on a point system from the answers within the application process. Submitting an application does not guarantee enrollment.

Head Start promotes child development and school readiness for prenatal through preschool-age children from low-income families, providing comprehensive services to empower families and strengthen communities.

ALL DOCUMENTS MUST BE CURRENT AT TIME OF SUBMISSION					
<b>PROOF OF AGE:</b> (Pick one of the following →)	Birth Certificate				
EHS – Pregnant women can be any age; Children: 6 – 35 months	Signed Hospital Foot Print Certificate				
<b>HS</b> – Children must be at least 3 years old on or before September	Doctor's Statement (Prenatal Mother)				
30, 2020, or less than five (5) years old on September 30, 2020.	Birth Verification Letter				
PROOF OF IMMUNIZATIONS:	Immunization Card, Current (for applicant only)				
PROOF OF INSURANCE:	Medicaid/Medicare Card (for applicant only)				
If applicable	LaChip Card				
	Private Insurance Card				
	Military Insurance Card				
PROOF OF PARENT'S/LEGAL GUARDIAN'S/PRENATAL	Check Stubs for Last 12 Months (proceeding current month)				
MOTHER'S GROSS INCOME FOR THE PAST 12 MONTHS OR	Income Tax (1040) for Year 2019, W2's, all for year 2019				
<b>LAST CALENDAR YEAR (2018)</b> : (Choose from the following $\rightarrow$ )	Unemployment Compensation				
	FITAP/SNAP or Food Stamp Budget				
RELEVANT TIME PERIOD - (A) the 12 months preceding the month	Slip(LaCafe)				
in which the application is submitted; or (B) during the calendar	Social Security Statement				
year preceding the calendar year in which the application is	Supplemental Security Income (SSI)				
submitted, whichever more accurately reflects the needs of the	Child Support Documentation				
family at the time of application.	Self-Employment Statement				
	Non-Income Verification				
PROOF OF DISABILITY:	Individualized Educational Plan (IEP)				
If applicable	Individualized Family Service Plan (IFSP)				
PROOF OF GUARDIANSHIP:	Documentation from the Court System/Custody-order				
If applicable					

EARLY HEAD START CENTERS AND LOCATIONS (6 -35 months)						
Capital Area Early Head Start	Children's World Early Head Start	Discovery Early Head Start				
3250 N. Acadian Thruway E.	7200 Maplewood Drive	9700 Scenic Hwy				
Baton Rouge, LA 70805	Baton Rouge, LA 70812	Baton Rouge, LA 70807				
(225) 303-8563	(225) 355-9776	(225) 775-7719				

HEAD START CENTERS AND LOCATIONS (3-5 years old)						
Capital Area Head Start	Charlie Thomas Head Start	Child Development & Learning Ctr	Discovery Head Start			
3250 N. Acadian Thruway E.	8686 Pecan Tree Drive	7315 Exchange Place Drive	9700 Scenic Hwy			
Baton Rouge, LA 70805	Baton Rouge, LA 70810	Baton Rouge, LA 70805	Baton Rouge, LA 70807			
(225) 303-8563	(225) 761-4436	(225) 924-3414	(225) 775-7719			
Freeman-Matthews Head Start	LaBelle Aire Head Start	New Horizon Head Start	Progress I Head Start			
1383 Napoleon Street	1919 N. Cristy Drive	1111 N. 28 <sup>th</sup> Street	1881 Progress Road			
Baton Rouge, LA 70802	Baton Rouge, LA 70815	Baton Rouge, LA 70802	Baton Rouge, LA 70807			
(225) 387-8531	(225) 275-0426	(225) 344-2152	(225) 774-8158			
Progress II Head Start	St. Francis Xavier	Wonderland Head Start				
1881 Progress Road	1145 Terrace Street	1500 Oleander Street				
Baton Rouge, LA 70807	Baton Rouge, La 70802	Baton Rouge, LA 70802				
225-774-1901	(225)387-4877	225-346-0677				



East Baton Rouge Parish Head Start/Early Head Start

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An Equal Opportunity Program

Federal law prohibits discrimination because of race, color, religion, sex, age, national origin and/or special needs.

## **Applicant & Family Member Information**

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First		Middle	Last	Suffix	Nicknan	ne Birt	hday Gend	er SSI	N Alt ID	
Race				Hispanic	English Pro	ficiency	Other Language		Other Language Proficiency	
□ Asian				□ Yes	☐ Little		Julior Language		☐ Little	
☐ Black	☐ Hawaii	ian/Pacific Islan	der	□ No	☐ Moderate	;			☐ Moderate	
□ White	☐ Multi-F	Racial			□ None				□ None	
Other: Primary He	palth Cove	rage Other	 Coverage	Incurance #	☐ Proficient	t aid Eligibility	/ Medic	aid #	☐ Proficient  Doctor/Medical Home	
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					□ On I	Medicaid				
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Dental	l Coverage	9	Dental Cove	erage #			Dentist/De	ntal Home		
Primary Adult										
		Middle	Last	Cuffix	Nicknam	Dieth	day Cand	er SSN	I Alt ID	
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Race				Hispanic	English Prof	iciency	Other Language		Other Language Proficiency	
□ Asian		can Indian/Alask		☐ Yes	☐ Little				☐ Little	
☐ Black		ian/Pacific Islan	der	□ No	☐ Moderate				☐ Moderate ☐ None	
□ White □ Other:	□ Multi-F	Kaciai			<ul><li>□ None</li><li>□ Proficient</li></ul>				☐ Proficient	
Highest Gra	ade Comp	leted		। Employment Statı		Child's Re	lationship	Custody	Check all that apply:	
☐ Associate		☐ Grade 10	☐ Full Tim	' '	e & Training		al/Adopted/Step	□ Yes	☐ Lives with Family	
☐ Bachelor	r's	☐ Grade 11	☐ Part Tim	ne		☐ Grandcl	nild	□ No	☐ Provides Financial	
□ Col Deg/		☐ Grade 12	☐ Seasona		a	☐ Other R	elative		Support	
☐ Col or Ac	uv irain	□ < Grade 9 □ HS	□Unemplo d	ye ☐ Training ☐ Retired		<ul><li>☐ Foster</li><li>☐ Other</li></ul>			☐ Teen Parent	
L OLD		Graduate	ď	L Relifed	oi Disabica	LI Other			If teen parent, subsidized?	
		☐ Master's							□ Yes □ No	
Email Addr	ress:									
									,	
		ther Adult								
First		Middle	Last	Suffix	Nicknan	ne Birt	hday Gend	er SSN	N Alt ID	
Race										
				Hispanic	English Prof	iciency	Other Language		Other Language Proficiency	
☐ Asian	☐ Americ	can Indian/Alask	ca Native	Hispanic □ Yes	English Prof □ Little	iciency	Other Language		Other Language Proficiency  ☐ Little	
□ Black	□ Hawai	ian/Pacific Islan			☐ Little ☐ Moderate	•	Other Language		☐ Little ☐ Moderate	
<ul><li>□ Black</li><li>□ White</li></ul>		ian/Pacific Islan		□ Yes	☐ Little ☐ Moderate ☐ None		Other Language		☐ Little ☐ Moderate ☐ None	
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□ Black □ White □ Other: Highest Gra □ Associate □ Bachelor □ Col Deg/ □ Col or Ac □ GED  Email Addr  Addition First  Race □ Asian □ Black □ White □ Other:  Addition First  Race	□ Hawai □ Multi-F ade Comp e's r's 'Train dv Train dv Train  □ Americ □ Hawaii □ Multi-F	ian/Pacific Islan Racial  leted	Full Tim   Part Tim   Seasona   Unemploted     Icant) * Last     Last   Last	□ Yes □ No  Employment State e □ Full Tim ne □ Part Tim al Training □ Training □ Retired  Hispanic □ Yes □ No	Little Moderate None Proficient us e & Training ne & or School or Disabled  Suffix  English Pr Little Moderate None Proficient Suffix  English Pr	Child's Re Biologic Grandc Other R Foster Other Nickname	elationship eal/Adopted/Step hild elative  Birthday  Other Language	☐ Yes ☐ No	□ Little □ Moderate □ None □ Proficient □ Check all that apply: □ Lives with Family □ Provides Financial Support □ Teen Parent  If teen parent, subsidized? □ Yes □ No  Sender SSN  Other Language Proficiency □ Little □ Moderate □ None □ Proficient  Gender SSN  Other Language Proficiency	
□ Black □ White □ Other: Highest Gra □ Associate □ Bachelor □ Col Deg/ □ Col or Ac □ GED  Email Addr  Addition First  Race □ Asian □ Black □ White □ Other:  Addition First  Race □ Asian □ Black □ White □ Other:	□ Hawai □ Multi-F ade Comp e's r's 'Train dv Train dv Train  □ Americ □ Hawaii □ Multi-F	ian/Pacific Islan Racial  leted	Full Tim   Part Tim   Seasona   Unemploted     Last   Icant) * Last     Last   Last   Last     Last   Last   Last     Last   Last   Last   Last     Last   Last   Last   Last	Hispanic □ Yes □ No  Employment State e □ Full Tim ne □ Part Tim al Training □ Training □ Retired  Hispanic □ Yes □ No	Little Moderate None Proficient us e & Training ne & or School or Disabled  Suffix  English Pr Little Moderate None Proficient Suffix  English Pr Little	Child's Re Biologic Grandc Other R Foster Other Nickname Nickname Nickname	elationship cal/Adopted/Step hild celative  Birthday  Other Language	☐ Yes ☐ No	□ Little □ Moderate □ None □ Proficient □ Check all that apply: □ Lives with Family □ Provides Financial Support □ Teen Parent □ If teen parent, subsidized? □ Yes □ No    Yes □ No   Sender SSN   Other Language Proficiency □ Little □ Moderate □ None □ Proficient   Proficient   Gender SSN	
□ Black □ White □ Other: Highest Gra □ Associate □ Bachelor □ Col Deg/ □ Col or Ac □ GED  Email Addr  Addition First  Race □ Asian □ Black □ White □ Other:  Addition First  Race □ Asian □ Black □ White □ Other:	□ Hawai □ Multi-F ade Comp e's r's 'Train dv Train dv Train  □ Americ □ Hawaii □ Multi-F	ian/Pacific Islan Racial  leted	Full Tim   Part Tim   Seasona   Unemploted     Last   Icant) * Last     Last   Last   Last     Last   Last   Last     Last   Last   Last   Last     Last   Last   Last   Last	□ Yes □ No  Employment State e □ Full Tim ne □ Part Tim al Training □ Training □ Retired  Hispanic □ Yes □ No	Little Moderate None Proficient us e & Training ne & or School or Disabled  Suffix  English Pr Little Moderate None Proficient Suffix  English Pr	Child's Re Biologic Grandc Other R Foster Other Nickname Nickname Nickname	elationship cal/Adopted/Step hild celative  Birthday  Other Language	☐ Yes ☐ No	□ Little □ Moderate □ None □ Proficient □ Check all that apply: □ Lives with Family □ Provides Financial Support □ Teen Parent  If teen parent, subsidized? □ Yes □ No  Sender SSN  Other Language Proficiency □ Little □ Moderate □ None □ Proficient  Gender SSN  Other Language Proficiency	

<sup>\*</sup> If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.
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# **Applicant & Family Member Information**

Addition	nal Child (Non-Applica	nt) *						
First	Middle	Last		Suffix	Nickname	Birthday	Gender	SSN
Race			Hispanic	English Pr	roficiency	Other Language		nguage Proficiency
☐ Asian	☐ American Indian/Alaska N	lative	☐ Yes	☐ Little			☐ Little	
□ Black	☐ Hawaiian/Pacific Islander		□ No	□ Modera	ite		□ Moder	ate
☐ White	☐ Multi-Racial			□ None	n.t		□ None	ant
□ Other: _				☐ Proficie	nt		☐ Profici	ent
Addition	nal Child (Non-Applica	nt) *					<u>'</u>	
First	Middle	Last		Suffix	Nickname	Birthday	Gender	SSN
Race			Hispanic	English Pr	roficiency	Other Language	Other La	nguage Proficiency
☐ Asian	☐ American Indian/Alaska N	lative	□ Yes	□ Little	Cholorioy	Other Language	□ Little	riguage i renoierley
☐ Black	☐ Hawaiian/Pacific Islander		□ No	□ Modera	ite		☐ Moder	ate
□ White	☐ Multi-Racial			☐ None			☐ None	
☐ Other: _				☐ Proficie	nt		☐ Profici	ent
Addition	nal Child (Non-Applica							
First	Middle	Last		Suffix	Nickname	Birthday	Gender	SSN
THOU	Middle	Last		Cullix	Hiokilanic	Dirtilday	Condo	0014
<b>D</b>				F " - F	<i>c.</i> .	0:1	0:1	5 " :
Race	American Indian/Alaska N	lotivo	Hispanic □ Yes	English Pr	roficiency	Other Language	Other La	nguage Proficiency
☐ Asian ☐ Black	<ul><li>☐ American Indian/Alaska N</li><li>☐ Hawaiian/Pacific Islander</li></ul>	lative	□ Yes	☐ Little☐ Modera	at o		☐ Mode	roto.
□ White	☐ Multi-Racial		LI NO	□ None	ile		☐ None	ale
☐ Other:	L Multi-Nacial			☐ Proficie	nt		□ Profici	ent
								OTIL
	nal Child (Non-Applica	nt) *						
First	Middle	Last		Suffix	Nickname	Birthday	Gender	SSN
Race			Hispanic	English Pr	roficiency	Other Language	Other La	nguage Proficiency
☐ Asian	☐ American Indian/Alaska N	lative	□ Yes	☐ Little	•		☐ Little	
☐ Black	☐ Hawaiian/Pacific Islander		□ No	□ Modera	ite		☐ Moder	ate
□ White	☐ Multi-Racial			□ None			□ None	
□ Other: _				☐ Proficie	nt		☐ Profici	ent
Addition	nal Child (Non-Applica	nt) *						
First	Middle	Last		Suffix	Nickname	Birthday	Gender	SSN
						·		
Race			Hispanic	English Pr	roficiency	Other Language	Other La	nguage Proficiency
□ Asian	☐ American Indian/Alaska N	lative	□ Yes	Little	Officiality	Office Language	□ Little	riguage i Tollololloy
□ Black	☐ Hawaiian/Pacific Islander		□ No	☐ Modera	ite		☐ Moder	ate
□ White	☐ Multi-Racial			☐ None			☐ None	
☐ Other: _				☐ Proficie	nt		☐ Profici	ent
Addition	nal Child (Non-Applica	m4\ *						
First	Middle	Last		Suffix	Nickname	Birthday	Gender	SSN
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<ul><li>☐ Asian</li><li>☐ Black</li></ul>	<ul><li>☐ American Indian/Alaska N</li><li>☐ Hawaiian/Pacific Islander</li></ul>	lative	□ Yes □ No	☐ Little☐ Modera	ıto.		☐ Little ☐ Moder	ato.
□ White	☐ Multi-Racial		□ 140	□ None			□ None	ato
☐ Other:	- Mari Radiai			☐ Proficie	nt		□ Profici	ent
	nal Child (Non-Applica			C. Kr.	NII - I	Dist. I	2	CCN
First	Middle	Last		Suffix	Nickname	Birthday	Gender	SSN
Race			Hispanic	English Pr	roficiency	Other Language		nguage Proficiency
☐ Asian	☐ American Indian/Alaska N	lative	□ Yes	Little	_		Little	
<ul><li>□ Black</li><li>□ White</li></ul>	☐ Hawaiian/Pacific Islander		□ No	□ Modera	ite		☐ Moder	ate
☐ Other:	☐ Multi-Racial			☐ None ☐ Proficie	nt		☐ None ☐ Profici	ent

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ar	nily Mailing Add	dres	S									
	ne as living?		Started Using Date	Mailing A	ddress		Address Line 2	ZIP	City			State
1	∕es □ No											
Phone Number(s)				Type (che	·		Note (extension	or best time	e to call)	Opt In for		ssages
				☐ Cell ☐ Other	] Home □ Wo	ork 🗆				□ Yes □	No	
				□ Cell □	Home □ Wo	ork 🗆				□ Yes □	No	
				Other	Home □ Wo	ork 🗆				□ Yes □	No	
	Parental Status		Drimary I	Other	Homeless	Active Duty	Military	Pofo	rred by Child			WI
	(check one)		Primary Lat Ho		Family	Military	Veteran		fare Agency	Recei	٩P	
	One Two				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		☐ Yes ☐ No	Y 🗆		☐ Yes
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	Address					ZIP		City				
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This Section for Agency Use Only:

Parent/Guardian Signature
© 2019 Management Information Technology USA, Inc. 07.18.2019

Date \_\_\_\_\_

This Section for	or Agency Use Only:
Applicant Name:	Birthday

### **Applicant Eligibility & Enrollment Information**

Eligibility							
Program Term	Agency		Initial Sta	atus		Sta	atus Date
			□ New	☐ Accepted	□ Waitliste	d	
Releases Signed	Date Signed		Child wil	I transition to			
□ Yes □ No							
Location Preference Priority	Site			Classroom		F	unding
1st							
2nd							
3rd							
Enrollment Notes							
Application Date	Application Status				Application	on Number	Participation Year
	☐ Complete & Verified ☐ Incomplete		olete, info r specify in	not returned notes			
Eligibility Date	Number in Fan	nily El	igibility Inc	ome			
CACFP Date	CACFP Income		er (for exai her)	mple, year, month,		CACFP	Status
					☐ Pai	ee (full reimburseme d (minimum reimbu duced price (reduce	rsement)
Child eligible to participate in program	Type of eligibility interview	Income S	tatus	Do	ocumentation (	used to determine e	ligibility
☐ Yes	☐ In-person ☐ Telephone	□ Over Income □ Public Assista □ Eligible (Belo 100%) □ Foster child	ance	☐ Income Tax Fo☐ W-2☐ TANF Docume☐ Pay stub or pay	ntation	☐ Unemploymen ☐ Written statem ☐ Foster care rei ☐ SSI Document ☐ Other	ents from employers mbursement
Documentation of No Income							
ligibility Criteria							
ingibility Criteria							

Disability?

**To set up your program's eligibility criteria on this form:** Type or print each of the program's eligibility questions in the spaces provided below. Then, for each question, list each of the possible answers (along with their corresponding point values). **To complete this form:** Circle the applicable answer and print the number of eligibility points it represents in the Points column. We've included the following example to help you get started.

Diagnosed (50 pts), Suspected (25 pts), None (0 pts)

Eligibility Question	Possible Answers	Points

25